UTILITY PATENT APPLICATION TRANSMITTAL

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Address to: Box PATENT APPLICATION					Attorney Dock	et No.	KUOC3019/EM		
Commissioner of Patents					First Named In (or identifier)	nventor	Chih-Chung KUO		
P.O. Box 1450 Alexandria, VA 22313-1450					Total Pages		07		
Transmitted herewith is a patent application under 37 CFR 1.53(b).									
Enti	Entitled: Automatic Speech Segmentation And Verification Method An							em	
⊠	1.	Submitted herewith are the following: 20 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-3). 18 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Information Disclosure Statement. 1 page of Form PTO-1449, and one copy of each non-U.S. document listed thereon. 1 Assignment of the invention to Industrial Technology Research Institute, Chutung, Hsinchu, Taiwan, R.O.C. Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no. 092125187. Priority is claimed. 1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).							
	2. 3.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application. The Commissioner is authorized to credit any overpayment and charge any deficiency in							
	4.5.6.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed Other:							
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.									
THE FILING FEE IS CALCULATED AS FO					LLOWS:		Basic Fee:	\$770.00	
	. 1	Total Claims:	18	- 20 =		0	X \$18 =	\$0.00	
Independent Claims:			2	- 3 =		0	X \$86 =	\$0.00	
		e Address: THOMAS, P		23364	23364		Multiple Dependent Claim (add \$290.00):		
625 S	laters	Lane, 4th FI	OOT CUSTOMER NUM				Subtotal:		
Alexar	ndria,	VA 22314-				50% Reduction if Small Entity Status:		\$0.00	
Phone	e: 703	-683-0500	Fax: 703-683-108		Total:		\$770.00		
Date:			Name:			S	Signature:		
February 23, 2004			Eugene Mar					25,893	